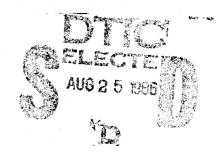


BRYICH AT FITZSIMONS ARMY CHARLER UNDER MILITARY AND COMMERCE OPERATION

BY

CAROL SHAW LEON KLARMAN

SEPTEMBER 1985 FINAL REPORT 1983-1985



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REPORT DOCUMENTATION PAGE	READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER 2. GOVT ACCESSION NO. NATICK/TR-86/006	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle)	5. TYPE OF REPORT & PERIOD COVERED
THE ACCEPTABILITY OF FOOD AND FOOD SERVICE AT FITZSIMONS ARMY MEDICAL CENTER UNDER MILITARY	Final 1985
AND CONTRACT OPERATION	6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(a) Carol P. Shaw	8. CONTRACT OR GRANT NUMBER(a)
Leon Klarman	
9. PERFORMING ORGANIZATION NAME AND ADDRESS U.S. Army Natick RD&E Center	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
ATTN: STRNC-WTP 392 674	728012.19000
Kansas Street Natick MA 01760-5018	
11. CONTROLLING OFFICE NAME AND ADDRESS	12. REPORT DATE September 1985
	13. NUMBER OF PAGES 86
14. MONITORING AGENCY NAME & ADDRESS(If different from Controlling Office)	15. SECURITY CLASS. (of this report)
	UNCLASSIFIED
	15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
IS DISTRIBUTION STATEMENT of the Bready	

16. DISTRIBUTION STATEMENT (of this Report)

Approved for public release; distribution unlimited

17. DISTRIBUTION STATEMENT (of the obstract entered in Block 20, If different from Report)

18. SUPPLEMENTARY NOTES

Support to Hospital Food Service

MSR USA 83-14

This report covers work performed from 1983 to 1985.

19 KEY WORDS (Continue on reverse side "necessary and identify by block number)
FOOD SERVICE TESTS

FOOD PROCESSING

DINING HALL

DINING FACILITIES

CAFETERIA

HOSPITALS

PATIENTS

MILITARY PERSONNEL

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20. ABSTRACT (Couldnue on reverse side H necessary and identify by block number)

In order to compare the consumer acceptability of food and food service at Fitzsimons Army Medical Center under military and contracted operations, the authors conducted acceptability studies three months before and three and nine months after the conversion to contract food service. The data were analyzed by an analysis of variance or loglinear mode. Results clearly showed a decrease in consumer acceptance by both patients and hospital staff under contracted food service operations.

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PREFACE

The Food Engineering Laboratory (FEL) of the US Army Natick Research and Development Center (USANRDC) has given support under requirement USA 8-9 in developing a food service contract for use by U.S. Army procurement activities in contracting out the operation of government dining facilities. Project no. 728012.19000, Support to Hospital Food Service Contracting, required the measurement of the quality of food and food service of hospitals under commercial contracts.

A survey of nonmilitary hospitals was conducted to determine methods of measuring and monitoring food and food service quality in the civilian sector. It was determined that acceptability by the patients eating in their rooms and by patients and personnel eating in the dining halls was the most important criterion for judging both the quality of the food and food service. To compare the level of acceptability under military food service and contracted operations, acceptability surveys were conducted at the Fitzsimons Army Medical Center (FAMC) three months before and three and nine months after the food preparation and service were contracted to a private company. The results of these surveys are contained in this report.

The authors wish to thank Dr. Owen Maller and Dr. Armand Cardello for their assistance with survey forms. The assistance of Mr. Larry Digman in the statistical analyses of the data is greatly appreciated. The assistance of Mr. James Halkiotis in conducting the survey and Ms. Beth McCarthy, Ms. Maryann Graham, Ms. Sue Hunter, and Ms. Maryann Fitzgerald in compiling the data is also appreciated.

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THE ACCEPTABILITY OF FOOD AND FOOD SERVICE AT FITZSIMONS ARMY MEDICAL CENTER UNDER MILITARY AND COMMERCIAL CONTRACT OPERATION

INTRODUCTION

With the increase of contracted services by the government it becomes important to assure that the quality of services contracted out is maintained at an acceptable level. This is especially true in military feeding situations where much of the morale and performance of the military personnel depends upon the nourishment they receive. The feeding of injured and/or ill military personnel in hospital situations becomes even more critical in facilitating the quick recovery of the patients. Feeding the patient items that are not acceptable often results in food not being eaten and can prolong the recuperative time. A large portion of military hospital feeding also involves cafeteria or dining hall service. In military hospitals, patients are encouraged to eat in the dining hall if they are physically able to do so. The physical activity, the social interaction, and the change in atmosphere resulting from leaving one's hospital room to eat in a dining hall is beneficial in the recuperative phase of hospitalization and in raising the morale of long-term patients. Military personnel and civilian staff members also use the cafeteria facilities. Since food service is considered part of the soldiers' compensation, it is especially important for military personnel to have acceptable food wherever they may eat.

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The US Army Natick Research and Development Center (NRDC) was tasked through Health Services Command to develop a Food Service Contract to be used when military services would be converted to a commercial/industrial activity. The contract contains a quality assurance inspection plan that describes the methods the government will use to evaluate the contractor's performance in meeting contract requirements. The inspection plan provides for systematic inspection of the food service operations and deductions for nonperformance. Assessing the level of acceptability of the food and food service from the consumer's viewpoint is difficult from quality assurance inspections alone. Under the contract hospital operation, the contractor uses the government's equipment, facilities, recipes, and food procurement systems. Therefore, the main variable is the service provided by the contractor. The objective of this study was to determine if the acceptability of the food and food service from the patient and cafeteria patron's viewpoint was maintained at the same level under a contract feeding operation as under military operation. Acceptability surveys were undertaken at Fitzsimons Army Medical Center(FAMC), the first military hospital to be converted to a contract operation.

METHODS

Three survey forms were adapted from Maller, Dubose and Cardello's learlier surveys of patient and staff opinions of hospital food services. One form was designed for patients eating in the wards, one for ambulatory patients eating in the cafeteria and one for staff and other personnel eating in the cafeteria. Forms used are found in Appendix A.

Three months prior to the beginning of contract food service, two researchers from the Food Engineering Laboratory, NRDC, conducted the first phase of the survey. The survey forms were distributed to patients on both regular and modified diets who were physically able and willing to complete the questionnaire and to all cafeteria patrons consenting to fill out the forms. Forms were not distributed to pediatric patients, psychiatric patients, patients on liquid diets or patients in intensive care units. Survey forms were distributed over a four-day period, which included two breakfast meals, two noon time meals and two evening meals. The surveys were distributed to the entire population of ward and ambulatory patients with the exceptions mentioned above. The nonpatients eating in the cafeteria were asked to complete questionnaires only if they indicated that they had eaten an adequate number of meals to assess realistically the quality of the food and food service.

At intervals of three and nine months after the start of contracted food service operation the survey was repeated, using the same questionnaires, the same meal periods, and the same survey approach.

Table 1 shows the number of questionnaires completed by respondent groups in the three surveys, tabulated by the meals just finished by the respondents. Table 2 shows the mean number of meals eaten by ward, ambulatory and staff personnel in the weeks of the surveys. The patient questionnaires were distributed as evenly as possible over the three-meal period, but the staff questionnaires were distributed to a greater extent at the noon day meal to reflect the larger numbers and larger cross section of people eating in the cafeteria during this meal period.

The results from the three surveys were tabulated by percentage response to each question (Appendix B). Those questions reflecting the factors important to the consumers' impression of the quality of the food and food service were analyzed statistically to determine if significant differences existed between military food service and contracted food service. methods of statistical analyses used depended upon the response scale of the individual questions. Most questions were answered on a linear one to five scale in which one usually equalled "very bad" and five equalled "very good". For some questions the scale on the questionnaire was transposed so that one equalled "very good" and five equalled "very bad". In the analyses of the data all scales for linear "bad to good" responses were transposed so that one equalled "very bad" and five equalled "very good". The results of these questions were analyzed by a one-way analysis of variance (ANOVA) and Duncan's Multiple Range Test to determine if significant differences (p<0.05) existed between the military and the contracted operation.

The analysis of variance is a procedure for determining if significant differences exist between sample means; the Duncan's Multiple Range Test determines where the variability exists. Significant differences ($p \le 0.05$) are depicted in the tables and figures by a change in letter designation. Thus, sample means having the same letter (a, b, etc.) are not significantly different from each other, whereas two samples with differing letters are statistically significantly different.

TABLE 1. Survey Forms Completed by Respondent Group

	33	Ward Patients		Amb	Ambulatory Patients	ents		Staff	44
	Pre- Contract	Post-Contra 3 Months 9	ntract 9 Months	Pre- Contract	Post-Co 3 Months	Post-Contract onths 9 Months	Pre- Contract	Post-Contract 3 Months 9 Mo	ntract 9 Months
Breakfast	37	39	19	20	15	16	105	35	7.1
Dinner	33	32	47	21	24	77	176	215	178
Supper	29	29	23	52	38	77	06	82	116
N.A.*	0	-	e	0	7	-	15	6	12
Total	66	101	92	93	79	83	386	341	377

*Did not answer the question "Which Meal Did You Just Finish Eating".

TABLE 2. Mean Number of Meals Served in Four Day Test Period by Respondent Group

	££	Post-Contract	203	374	217	265
i	Staff	Post-C 3 Months	286	502	242	343
lespondent G		Pre- Contract	240	460	262	320
Period by 1	nts	ntract 9 Months	86	. 143	116	115
of Meals Served in Four Day Test Period by Respondent Group	Ambulatory Patients	Post-Contract 3 Months 9 Mon	105	160	124	130
s Served in F	Ambu	Pre- Contract	93	175	149	139
		tract 9 Months	276*	276*	276*	276
2. Mean Number	Ward Patients	Post-Contract 3 Months 9 Mon	295*	295*	295*	295
TABLE 2.	Wa	Pre- Contract	213	233	230	225
TABLE 2. Mean Number			Breakfast	Dinner	Supper	Mean of Three Meals
		areli v livel	ا المائية المائية المائي	والمعارفة والمعارفة	والمراث	o de la compansión de la c

^{*}Mean taken from total patient meals served per day.

The questions requiring a "yes" or "no" response were analyzed for significance by the Yates Z test. 2 The Yates Z test is used to determine significant differences between proportions samples from different populations. In this study the test is used to analyze the "yes-no" questions to determine if the proportions of "yes" answers are significantly different from one survey to another. For certain questions, as listed in Table 3, the most desirable response was not at either end of the five point scale but usually in the middle when the response was "just right". However, in some of these questions, the optimum response was not the middle value; for example, in the question for meat tenderness, "slightly tender" may be a more positive response than "neither tough nor tender" and preferable to "slightly tough". To analyze these questions a different approach was necessary. A fit of loglinear models³ was used to determine if the response was independent of the time of the response (before or after contract operation). Independence of response and time suggested that there were no differences between pre- and post-contract ratings. If there were an interaction between time and the response frequency, the responses were examined qualitatively to determine where differences existed. Interaction indicates that the variable, for example, the time the survey was taken and the rating scores, are not independent and that there is a relationship between these two variables. a level of p>.2 the response frequency was considered independent of the time the survey was taken; from p<.2>.05 there was considered a slight interaction between response frequency and survey time; and at <.05 there was a significant difference in response attributable to the time of the survey.

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RESULTS

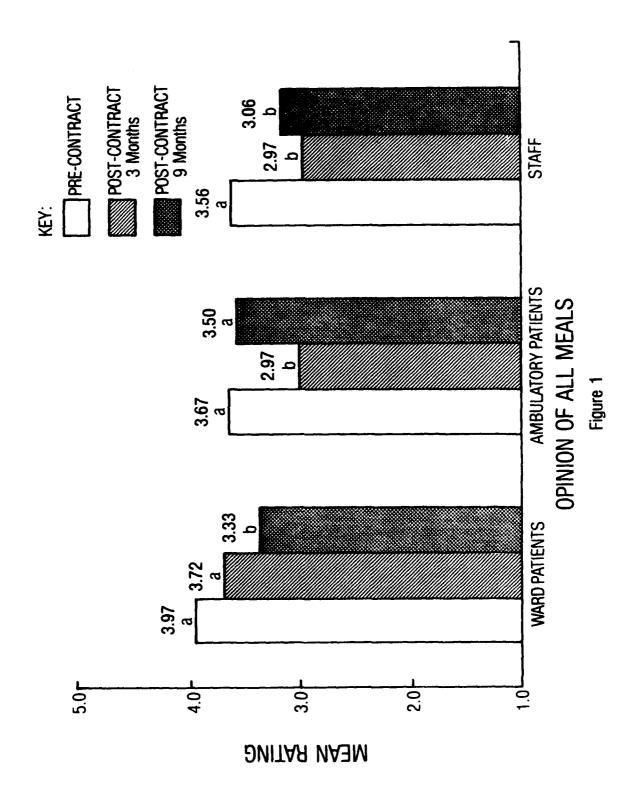
The percentage responses to all questions may be found in Appendix B. These show very close correlation in the demographic characteristics in all three surveys in age distribution, distribution of males and females, occupation of staff personnel, length of staff employment, number of days meals were eaten in the cafeteria, and current patient diet (regular or modified). In the nine-month survey a higher percentage of ambulatory patients had eaten for a shorter length of time in the cafeteria than in earlier surveys, and there was a slight decrease in ambulatory patients classified as "military" and an increase in dependents of retired military personnel.

The mean responses of these quality ratings answered on a linear one to five rating or with a "yes" or "no" response may be found in Appendix C. Figs. 1 to 8 graphically depict the mean responses. A change in letter designation indicates a significant difference at the p<0.05 level of significance.

The mean ratings for the responses to the question, "What is your opinion of all the meals eaten in this hospital?" are depicted in Fig. 1. It can be seen that the ward patients' ratings were lower in the survey taken after three months of contract operation and were statistically significantly lower in the survey taken after nine months of the contract operation. The ambulatory patient responses were significantly lower after three months of contract operation, but rose in the nine month survey and at that time were not significantly different from the ratings under the military operation. The staff responses were significantly lower when surveyed at both periods under contracted food service administration than under the military administration.

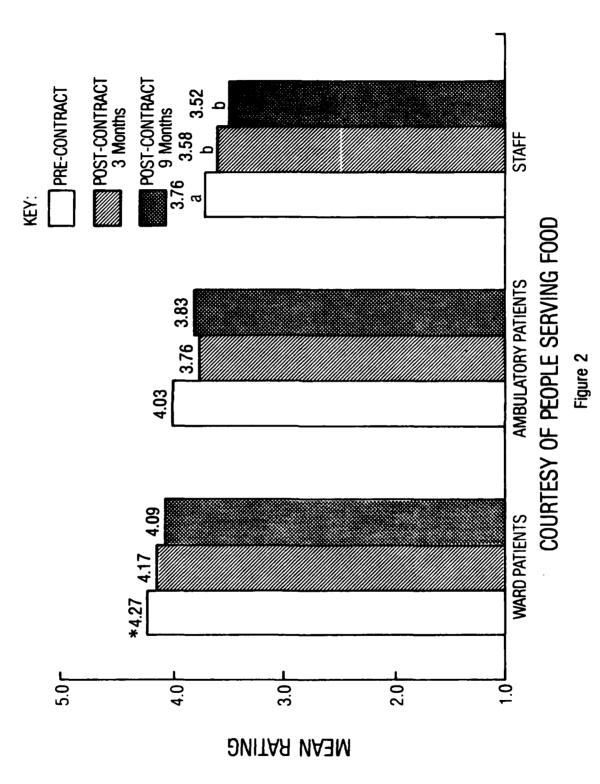
TABLE 3. Question Analyzed for Loglinear Models

Too Tough	Moderately Tough	Neither Tough Nor Tender	Moderately Tender	Te
1	2	3	4	:
Thoroughnes	s of Cooking Vegetab	oles		
<u>Too</u> Overcooked	Moderately Overcooked	Neither Overcooked nor Undercooked	Moderately Undercooked	Too
5	4	3	2	
Seasoning o	f Food			
Too Bland	Moderately Bland	Just Right	Moderately Spicy	<u>To</u> Sp
1	2	3	4	
Size of Foo	d Portions			
Too Large	Moderately Large	Just Right	Moderately Small	To Sn
5	4	3	2	
Variety of	Items to Select			
<u>Too</u> Large	Moderately Large	Neither Large Nor Small	Moderately Small	To Sn
5	4	3	2	
		6		
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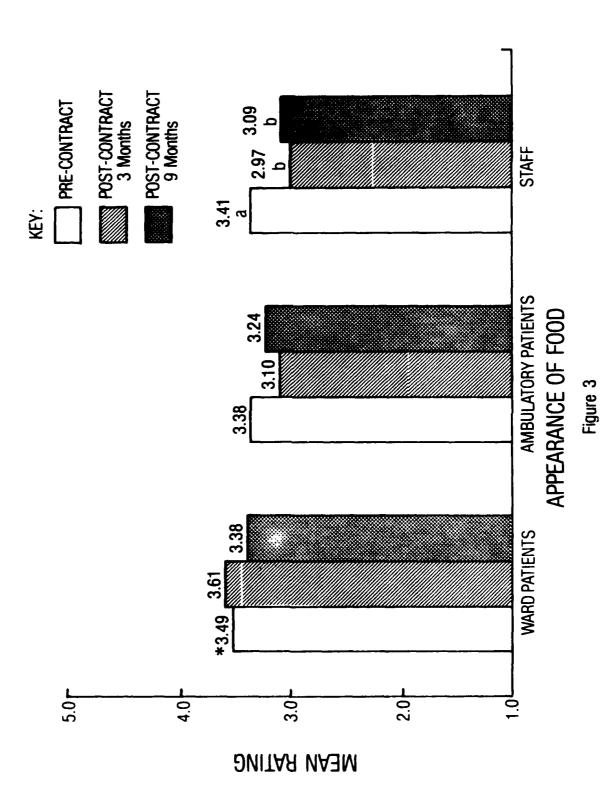


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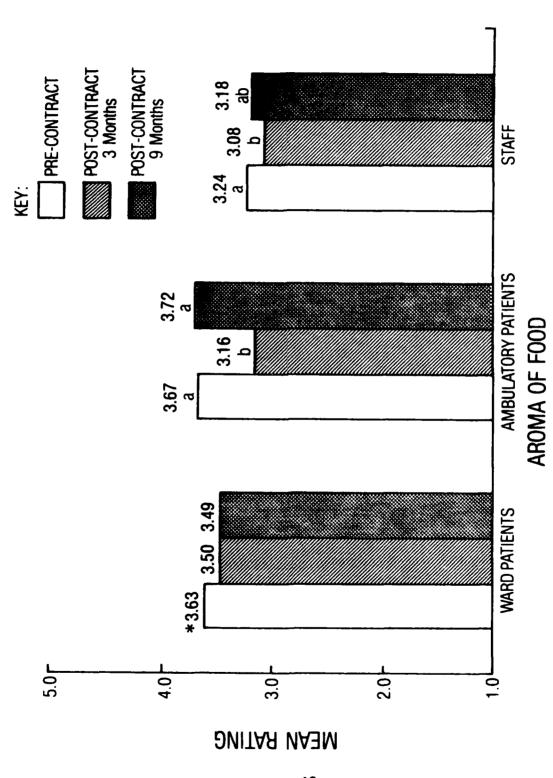
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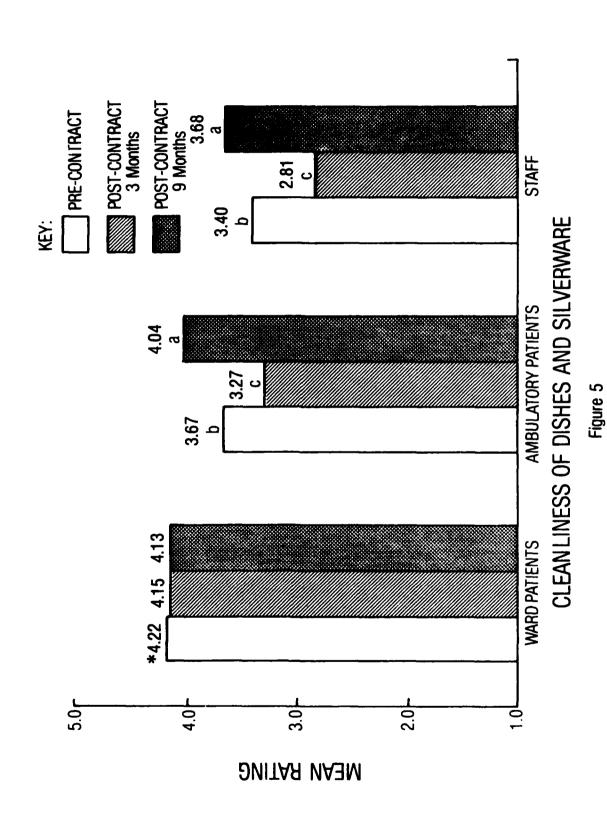
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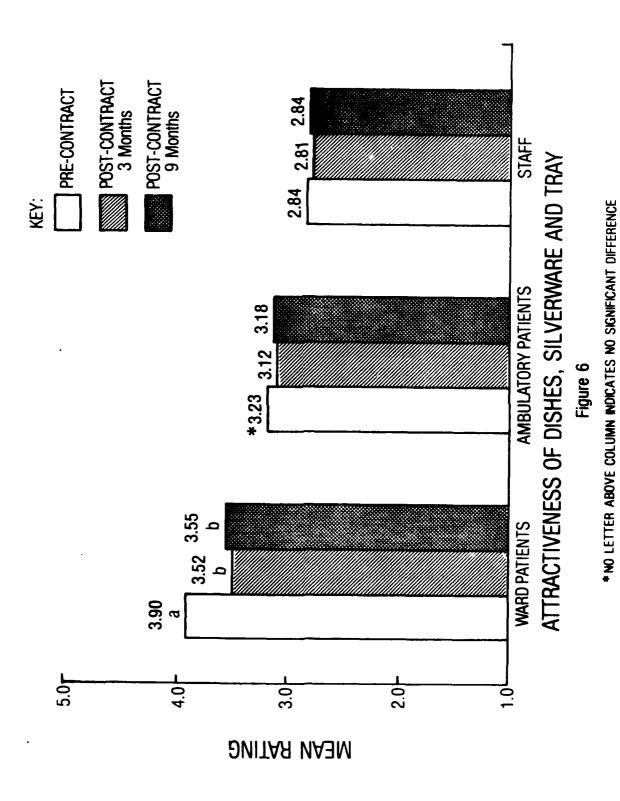
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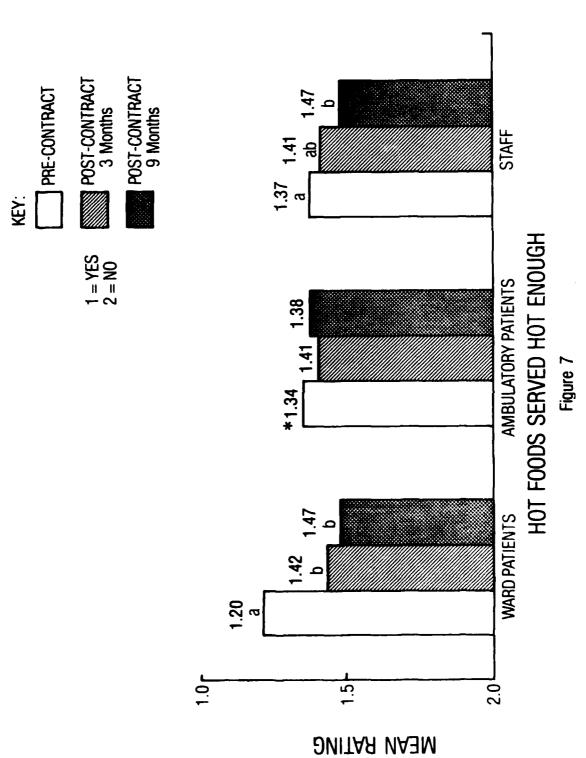
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Figure 4

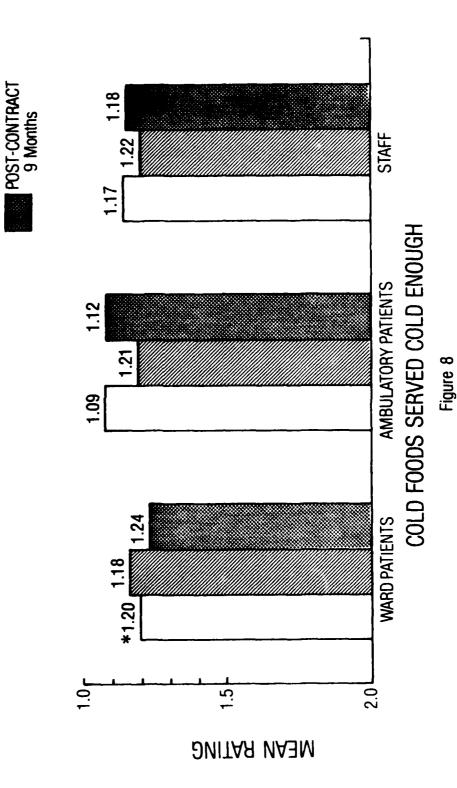


* NO LETTER ABOVE COLUMN INDICATES NO SIGNIFICANT DIFFERENCE





*NO LETTER ABOVE COLUMN INDICATES NO SIGNIFICANT DIFFERENCE



POST-CONTRACT 3 Months

PRE-CONTRACT

*NO LETTER ABOVE COLUMN INDICATES NO SIGNIFICANT DIFFERENCE

As shown in Fig. 2, the mean ratings on the courtesy of people serving the food were lower, but not statistically significant, under the contract operation for the ward and ambulatory patients. However, the courtesy ratings for staff were significantly lower after three and nine months of contract administration.

The appearance of food (Fig. 3) was not rated significantly different in the three surveys by either the ward or ambulatory patients. The staff personnel rated the appearance significantly lower after three and nine months of contracted food service operation.

There were no statistically significant differences in ward patients' responses to the aroma of the food (Fig. 4) in the three surveys. The ambulatory patients and staff personnel rated the aroma of the food significantly lower after three months of contract operation, but the ratings increased in the nine month survey showing no statistical difference from the pre-contract military operation.

The ward patients also showed no statistically significant difference in the ratings for the cleanliness of the dishes and silverware (Fig. 5) in any of the three surveys. However, those eating in the dining hall (ambulatory patients and staff personnel) rated the cleanliness of dishes and silverware the highest in the nine month post-contract survey, and lower in the precontract survey, and lowest in the three month post-contract survey. All of the mean ratings for these two groups were statistically significant in the three surveys.

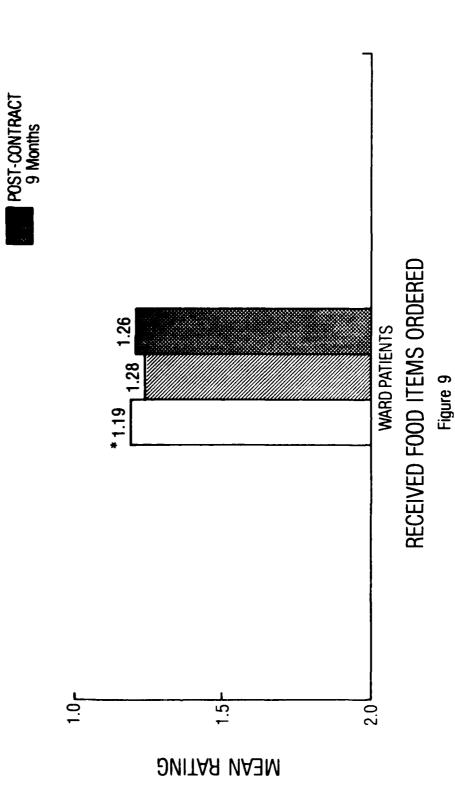
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The attractiveness of dishes and silverware (Fig. 6) was rated significantly lower by the ward patients in both post-contract situations. There were no significant differences in the ambulatory patients and staff responses to this question in any of the three surveys.

In response to hot foods being served hot enough (Fig. 7), the ward patients gave significantly fewer "yes" responses after three and nine months of contract operation. The ambulatory patients showed no significant difference in any of the three surveys, while the staff responses were lower after three months of contract operation, but only significantly lower in the nine months survey.

There were no significant differences in the responses for cold foods being served cold enough in any of the three groups in any of the three surveys (Fig. 8). The ward patients also did not show any significantly different response in the receipt of items ordered in the three surveys (Fig. 9).

The responses to questions analyzed by loglinear models are found in Tables 4 to 18. The responses to the question of meat tenderness required interaction to fit the data (p<0.05) for the ward patients' ratings in the pre-contract situation and the three and nine months post-contract situations. No interaction was shown between the three and nine month responses. As shown in Table 4, more patients rated the meat "moderately tender" in the pre-contract survey, while more responses were in the



STATES CONTRACTOR PROPERTY STATES STATES

POST-CONTRACT 3 Months

1 = YES2 = NO

PRE-CONTRACT

*NO LETTER ABOVE COLUMN INDICATES NO SIGNIFICANT DIFFERENCE

TABLE 4. Tenderness of Meat, Ward Patients

Number of Responses

	Too	Moderately Tough	Neither Tough Nor Tender	Moderately Tender	Too
Pre-Contract	و	12	36	45	0
3 Month Post	æ	26	29	30	7
9 Month Post	10	23	27	27	-

	Too Tough	Moderately Tough	Neither Tough Nor Tender	Moderately Tender	Too
Pre-Contract	6.1	12.1	36.4	45.5	0.0
3 Month Post	8.4	27.4	30.5	31.6	2.1
9 Month Post	11.4	26.1	30.7	30.7	1.1

"moderately tough" category in the post-contract surveys. The ambulatory patient responses (Table 5) showed a moderately acceptable loglinear fit from the pre-contract to post-contract situations, with a slight trend from more responses in the "moderately tender" category in the post-contract survey and more in the "neither tough nor tender" or "too tough" in the post-contract surveys. No interaction was found between the three and nine months post-contract responses for the ambulatory patients. The staff responses (Table 6) showed a definite interaction (p>.05) between the pre-contract survey and both post-contract surveys. The change in response pattern shifted from more responses in the "moderately tender" meat category in the pre-contract survey to "too tough" in the post-contract surveys, even though well over half of the responses in all surveys were in the "neither tough nor tender" or "moderately tough" category.

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In response to the cooking of vegetables, the ward and ambulatory patients' ratings showed no interaction over time in the three surveys (Tables 7 and 8). The staff responses gave a moderately acceptable loglinear fit over the three survey periods, with more respondents tending to rate the vegetables more overcooked under contract management and undercooked under military management (Table 9). There was no interaction found in the response pattern of the staff personnel in the three and nine month post-contract surveys.

The ward patients' responses to the seasoning of food were independent of time (Table 10). The ambulatory patients showed interaction over time (p>.05). The response pattern was most different in the three month post-contract survey, where fewer patients felt the seasoning was "just right" and more categorized it as "moderately bland" (Table 11). The staff responses required time interaction to fit the data from the three surveys (Table 12). The largest number of responses in the "just-right" category came in the pre-contract survey and the least in the three month post-contract survey. In the post-contract surveys, more responses from the staff personnel were at the "bland" end of the scale, although in all surveys the respondents indicated they thought the food was more bland than spicy.

The ward patient responses showed no time interaction on the question concerning the size of portions (Table 13). The ambulatory patients required time interaction (p>.05) to fit the data of the three surveys (Table 14). In the pre-contract survey, more responses were given in the "just right" or "moderately large" categories, while in the three month post-contract survey, greater responses were received in the "too small" category. In the nine month post-contract survey, a different response pattern was again found, this time mainly reflecting more "moderately small" responses to the portion size question. The staff responses also required interaction to fit the data (p>.05) from the three surveys, reflecting changes from the portions being considered "just right" under military management to "moderately small" or "too small" under the contract operation (Table 15).

The ward patient and ambulatory patient responses for the variety of items to select were independent of time (Tables 16 and 17), but the staff responses required interaction (p>.05). There were more responses in the "moderately large" and "neither large nor small" areas under the military operation and more "moderately small" or "too small" responses under the contracted management (Table 18).

	Too	Moderately Tough	Number of Responses Neither Tough Nor Tender	Moderately Tender	} }
Pre-Contract	7	17	32	30	0
3 Month Post	14	21	24	15	-
Month Post	12	16	35	17	1
	Too	Moderately Tourh	Percent Responses Neither Tough	Moderately Tender	Too
Pre-Contrat	Tough 8.1	19.8	37.2	34.9	0.0
3 Month Post	18.7	28.0	32.0	20.0	1.3
Month Post	14.8	19.8	43.2	21.0	1.2

	Too	Moderately Tough	Neither Tough Nor Tender	Moderately Tender	Too
Pre-Contrat	8.1	19.8	37.2	34.9	0.0
3 Month Post	18.7	28.0	32.0	20.0	1.3
9 Month Post	14.8	19.8	43.2	21.0	1.2

TABLE 6. Tenderness of Meat, Staff

Number of Responses

	Too Tough	Moderately Tough	Neither Tough Nor Tender	Moderately Tender	Too Tender
Pre-Contract	24	119	148	79	7
3 Month Post	45	88	136	51	3
9 Month Post	55	110	130	58	2

	Too Tough	Moderately Tough	Neither Tough Nor Tender	Moderately Tender	Too
Pre-Contract	6.5	32.1	39.9	21.3	0.3
3 Month Post	14.2	27.2	42.0	15.7	0.9
9 Month Post	15.5	31.0	36.6	16.3	9.0

TABLE 7. Cooking of Vegetables, Ward Patients

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Number of Responses

	Too	Moderately Overcooked	Nor Overcooked	Moderately Undercooked	Too Undercooked
Pre-Contract	9	17	57	11	9
3 Month Post	4	14	61	12	
9 Month Post	6	15	67	10	4
		Percent	Percent Responses		
	Too Overcooked	Moderately Overcooked	Neither Under- Nor Overcooked	Moderately Undercooked	Too
Pre-Contract	6.2	17.5	58.8	11.3	6.2
3 Month Post	4.3	15.2	66.3	13.0	1.1
9 Month Post	10.3	17.2	56.2	11.5	4.6

TABLE 8. Cooking of Vegetables, Ambulatory Patients

Number of Responses

	Too Overcooked	Moderately Overcooked	Neither Under- Nor Overcooked	Moderately Undercooked	Too Undercooked
Pre-Contract	œ	6	41	22	5
3 Month Post	13	11	34	ω	7
9 Month Post	6	12	37	15	٠,
		Percent	Percent Responses		
	Too Overcooked	Moderately Overcooked	Nor Overcooked	Moderately Undercooked	Too Undercooked
Pre-Contract	4.6	10.6	48.2	25.9	5.9
3 Month Post	17.8	15.1	9.94	11.0	9.6
9 Month Post	11.5	15.4	47.4	19.2	6.4

TABLE 9. Cooking of Vegetables, Staff

continue assesses executes theoreten

Number of Responses

	Too	Moderately	Neither Under- Nor Overcooked	Moderately Undercooked	Too Undercooked
Pre-Contract	47	55	146	80	33
3 Month Post	53	99	. 121	55	24
9 Month Post	59	75	137	67	33
		Percent]	Percent Responses		
	Too Overcooked	Moderately Overcooked	Neither Under- Nor Overcooked	Moderately Undercooked	Too Undercooked
Pre-Contract	13.0	15.2	40.4	22.2	9.1
3 Month Post	16.7	20.2	38.2	17.4	7.6
9 Month Post	16.7	21.2	38.8	13.9	9.3

	1.0	2.1	2.3	
Moderately 2 1 1 Moderately	2.0	1.1	3.4	
Just A9 38 29 29 Just Just	50.0	40.0	32.9	
Number of Responses Moderately Just Bland Righ 30 49 35 38 36 29 Percent Responses Moderately Just	30.6	36.8	6.04	
Too Bland 16 19 18	16.3	20.0	20.5	
Pre-Contract 3 Month Post 9 Month Post	Pre-Contract	3 Month Post	9 Month Post	
2	1			

	Too	Moderately Bland	Just Right	Moderately Spicy	Too
Pre-Contract	16.3	30.6	50.0	2.0	1.0
3 Month Post	20.0	36.8	0.04	1.1	2.1
9 Month Post	20.5	6.04	32.9	3.4	2.3

TABLE 11. Seasoning of Food, Ambulatory Patients

Number of Responses

	Too	Moderately Bland	Just Right	Moderately Spicy	Too Spicy
Pre-Contract	17	25	39	8	-
3 Month Post	20	26	25	-	m
9 Month Post	∞	24	39	∞	7

	Too	Moderately Bland	Just Right	Moderately Spicy	Too
Pre-Contract	19.5	28.7	8.44	5.7	1.1
3 Month Post	26.7	34.7	33.3	1.3	4.0
9 Month Post	10.0	30.0	48.8	10.0	1.2

	6.0	5.6	20.5	50.4	22.6	3 Month Post		
	0.5	5.9	39.1	35.8	18.6	Pre-Contract		1202
	Too Spicy	Moderately Spicy	Just Right	Moderately	Too		26	
			ponses	Percent Responses				
	13	16	101	145	86	9 Month Post		
	က	19	69	170	9/	3 Month Post		Y
	7	22	145	133	69	Pre-Contract		212X
	Too	Moderately Spicy	Just Right	Moderately Bland	Too Bland			
			ponses	Number of Responses				<u> Caracter</u>
		Staff	Seasoning of Food, Staff		TABLE 12.			
The second secon	H		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	44444		Control of the contro		

	Too	Moderately Bland	Just Right	Moderately Spicy	Too
Pre-Contract	18.6	35.8	39.1	5.9	0.5
3 Month Post	22.6	50.4	20.5	5.6	0.9
9 Month Post	23.8	40.2	28.0	4.4	3.6

-						
			Too	8	4	٧.
verse save	Patients		Moderately Large	∞	10	14
	ize, Ward	Responses	Just Right	62	57	44
Colored Company Compan	TABLE 13. Portion Size, Ward Patients	Number of Responses	Moderately Small	20	18	17
	TABL		Too Small	4	ĸ	7
				Pre-Contract	3 Month Post	9 Month Post
Consessor Statement Freeze						
To Tatalain o	elfalfalfa	1606.000	sústšt _e j	\$ \$ \$ \$ \$ \$ \$	zera	iein in

	Too Small	Moderately Small	Just Right	Moderately Large	Too
Pre-Contract	4.0	20.2	62.6	8.1	5.1
3 Month Post	5.3	19.1	9.09	10.6	4.3
9 Month Post	8.0	19.5	9.09	16.1	5.7

TABLE 14. Portion Size, Ambulatory Patients

Number of Responses

	Too Small	Moderately Small	Just Right	Moderately Large	Too Large
Pre-Contract	3	7	90	19	4
3 Month Post	19	11	36	7	7
9 Month Post	က	22	41	13	က

	Too Small	Moderately Small	Just Right	Just Moderately Right Large	Too
Pre-Contract	5.9	8.2	58.8	22.4	4.7
3 Month Post	25.3	14.7	48.0	9.3	2.7
9 Month Post	3.7	26.8	50.0	15.9	3.7

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TABLE 15. Portion Size, Staff

Number of Responses

	Too	Moderately Small	Just Right	Just Moderately Right Large	Too
Pre-Contract	32	83	225	28	7
3 Month Post	55	107	153	18	7
9 Month Post	82	119	149	14	9

	Too Small	Moderately Small	Just Right	Moderately Large	Too Large
Pre-Contract	8.5	22.1	0.09	7.5	1.9
3 Month Post	16.4	31.9	45.7	5.4	9.0
9 Month Post	22.2	32.2	40.3	3.8	1.6

TABLE 16. Variety of Items to Select, Ward Patients

A C. S. S. S. S. S. C. S

Number of Responses

	Too Smail	Moderately Small	Neither Large Nor Small	Moderately Large	Too Large
Pre-Contract	7	10	59	26	0
3 Month Post	ν.	13	58	20	-
9 Month Post	11	10	45	22	7

	100 Small	Moderately Small	Neither Large Nor Small	Moderately Large	Too
Pre-Contract	4.0	10.1	59.6	26.3	0.0
3 Month Post	5.2	13.4	59.8	20.6	1.0
9 Month Post	12.2	11.1	50.0	24.4	2.2

TABLE 17. Variety of Items to Select, Ambulatory Patients

Number of Responses

	Too	Moderately Small	Neither Large Nor Small	Moderately Large	Too Large
Pre-Contract	7	19	42	18	5
3 Month Post	13	20	25	19	7
9 Month Post	^	19	33	23	-

	Too	Moderately	Neither Large Moderately	Moderately	Too
	Smal1	Small	Nor Small	Large	Large
Pre-Contract	7.7	20.9	46.2	19.8	5.5
3 Month Post	16.5	25.3	31.6	24.1	2.5
9 Month Post	8.4	22.9	39.8	7.72	1.2

TABLE 18. Variety of Items to Select, Staff

entrance response between several accounts and a

Number of Responses

	Too Small	Moderately Small	Neither Large Nor Small	Moderately Large	Too
Pre-Contract	35	74	171	98	7
3 Month Post	39	112	128	54	7
9 Month Post	69	109	135	55	7

	Too Small	Moderately Small	Neither Large Moderately Nor Small Large	Moderately Large	Too
Pre-Contract	9.4	19.8	45.8	23.1	1.9
3 Month Post	11.6	33.4	38.2	16.1	9.0
9 Month Post	18.6	29.5	36.5	14.9	0.5

SUMMARY

The ward patients ratings were significantly higher under military operation on their opinion of all meals served, hot foods served hot enough, and the attractiveness of dishes, silverware and trays. The ward patients also rated the meat tougher under the contract operation. In no area did the ward patients rate the contractor's performance significantly higher than the military.

Ambulatory patients rated their opinion of all meals and the aroma of the food significantly lower after three months of contract operation, although this difference was not significant after nine months of contract operation. These patients also felt that the seasoning of food was more bland, the size of portions smaller, and the meat somewhat more tough under contract management. After nine months of contract operation, ambulatory patients rated the cleanliness of the silverware and dishes significantly higher than either under military management or after three months of contract management. This was the only area that ambulatory patients rated the contract operation significantly higher than the military operations.

Staff respondents rated their opinion of all meals, the courtesy of people serving food, and the appearance of the food significantly lower under the contract operation. The aroma of the food and the hot foods being hot enough were also rated lower but statistically significantly only in the three months post-contract survey. The staff members surveyed also felt that the meat was less tender, the variety of items smaller, the seasoning of the food more bland, the size of the portions smaller and the vegetables somewhat more overcooked under the contract operation than under military management. Although the cleanliness of dishes and silverware was rated very low in the three month post-contract survey, the dishes and silverware were rated cleaner than initially in the nine month post-contract survey. This was the only area in which the staff rated the contractor's performance significantly higher than the military food operation.

CONCLUSION

The results of the acceptability surveys of food and food service quality under military management and after three and nine months of contract operated food service at Fitzsimons Army Medical Center clearly show a decrease in consumer acceptance under contracted food service operation. The importance of such a decrease in consumer satisfaction under contractor operations should be carefully considered when feeding ill or injured personnel.

LIST OF REFERENCES

- 1. O. Maller, C. Dubose, and A. Cardello. Opinions of food service at military hospitals. J. Am. Diet. Assoc., 76, 236-242.
- 2. J. Floss. Statistical Methods for Rates and Proportions. New York; John Wiley & Sons, Inc., 1973.

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3. Stephen E. Fienberg. The Analysis of Cross-Classified Data. Cambridge, MA; The MIT Press, 1977.

APPENDIX A

Questionnaires:

Military Hospital Food Service Survey (Ward)
Military Hospital Food Service Survey (Ambulatory)
Military Hospital Food Service Survey (Staff)

MILITARY HOSPITAL FOOD SERVICE SURVEY (Ward)

U.S. ARMY NATICK R&D LABORATORIES NATICK, MASSACHUSETTS 01760

We are from the U.S. Army Research & Development Laboratories at Natick, MA. The Army has asked us to evaluate the quality of the food service they provide. We would like you to fill out this questionnaire. Your responses will be kept confidential and your name is not required. Your participation is voluntary and will be of value in improving the food service. If you have any questions about how to fill out this form, the person who distributed the questionnaire will be glad to answer them.

Please do not discuss your responses to the questionnaire with others.

STREET PROPERTY STREET, STREET

SAMPLE: If your age is 24, mark box "2"	
Under 18 18 - 25 26 - 50 51 - 65 Over 65 1 2 3 4 5	1 2 3 4 5
1. What is your current status?	
 Military person Dependent of military person Retired military person Dependent of retired military person 	
5) Other	1 2 3 4 5
2. Age?	
Under 18 18-25 26-50 51-65 Over 65 1 2 3 4 5	1 2 3 4 5
3. Sex?	
Male Female 1 2	1 2
4. How many days have you eaten meals at this hospital?	
1-3 days 4-6 days 7-13 days 14-30 days Over 30 days 1 2 3 4 5	1 2 3 4 5
5. What is your current diet?	
Regular Special or Modified 1 2	1 2

^{*}This survey form is a modified version of the questionnaire "Opinions of Food Service at Military Hospitals" (Maller, Dubose and Cardello, J. Amer. Diet. Assoc., 1980, 76, 236-242.

υ.	DO YOU UII	deisterid your	alot.			
	Yes No					
	1 2					1 2
						
7.	Which meal	l did you just	t finish eating?			
	Break fast	Mid-day m				
	1	2	;	3		1 2 3
	· · · · · · · · · · · · · · · · · · ·		_			
8.	How much	of your mea	I did you eat?			
	None S	ome Most 3	All			4 0 2 4
	1	2 3	4			
_				- d . b 6 d		
9.	How do yo	ou teel about			ot the people ser	ving your food?
				either satisfied		
	Very		erately	nor Mode	rately Very	
	Dissatisfic	ed Dissa			sfied <u>Satistied</u> 4 5	<u>d</u> 12345
	1		2	3	4 5	المن ألم ألم
	Indiana,		f the most you	have just finishe	ad by responding	to the following items
	•	-	i tite illeai you	-	a by responding	to the following items.
10.	Appearance of Food	;		Neither Attractive		
	Served	Very	Moderately	nor	Moderately	Very
		Attractive 5	Attractive 4	Unattractive 3	Unattractive 2	<u>Unattractive</u>
		3	4	3	2	
						5 4 3 2 1
11.	Aroma of Food			Neither Pleasant		
	1 000	Very	Moderately	nor	Moderately	Very
		Unpleasant	Unpleasant	Unpleasant	Pleasant	Pleasant
		1	2	3	4	5
						1 2 3 4 5
12.	Variety			Neither		
	of Items		A4 - d	Large	Madazzak	
	to Select	Too Large	Moderately Large	nor Small	Moderately Small	Too Small
		5	4	3	2	1
						5 4 3 2 1

13.	Seasoning of Food	Too Bland	Moderately Bland	Just Right	Moderate Spicy	/ Too Sp	icy	
		1	2	3	4	<u></u>	1 2 3	4 5
14.	Size of Food	Too Large	Moderately Large	Just Right	Moderat Smal	•	nail	
	Portions	5	4	3	2	1		
			·			· 	5 4 3	2 1
15.	Cleanliness of Dishes and	Very Clean	Moderately Clean	Clean	Moderately Dirty	Very Dirty		
	Silverware	5	4	3	2	1 	5 4 3	2 1
16.	Attractiven of Dishes, Silverware	ess Very	Mode	ratal	Neither Attractive nor	Moderately		
	and Tray	Unattractiv		•	Unattractive	Attractive		•
		1		2	3	4	5	
							1 2 3	4 5
17.					Neither			
	of Cooking Vegetables	Too	Mode		ercooked nor	Moderately	То	_
	v ege tables	Overcook		•	dercooked	Undercooked	Underce	
		5	4		3	2	1	
							5 4 3	
18.	Tenderness of Meat			Neith				
	oi weat		Moderately	Tougi nor		erately		
	T	o Tough	_ Tough_	Tende			Tender	
		1	2	3			5	
						Г	1 2 3	4 5
19.	Were your	hot food iten	ns the tempera	ature you li	ike them wh	nen you ate th	em?	
	Yes No							
	$\frac{1}{1}$ $\frac{2}{2}$						1 2	
						F	ח ר	

ATTOCORY SUSTAINED FORMATION SELECTED STREETS TOWNSHIPS BELLEVED TOWNSHIPS BELLEVED TO SELECTION OF THE SECOND SEC

V.	-						
<u> </u>	es <u>No</u> 1 2					1 2	
34	·						·.··
ZI. He	ow do you feel r	right now?					
((\circ)) (%) (~)	(00)			
						5 4 3	3 2 1
	5 4		2	1			
22. W	hat is your opinion	ion of all the meal	s you hav	e eaten in this	hospital?		
		Neither					
		Good					
.	.m. Cd. C.	nor Pod	04	Manus Dard			
<u>v(</u>	ery Good Go	ood <u>Bad</u> 4 3	Bad 2	Very Bad		5 4 3	
	9	4 3	2	•		پپ	יה ר
	:		·····				
		ugh spoons, forks,	Knives, nap	PKINS			
Ye	es <u>No</u>						
1	1 2					$\frac{1}{2}$	
							
24. If	No, what items	were you missing:	(You ma	ay indicate mo	re than one	.)	
					Knife [] 1	
					Fork	_	
					Spoon		3
					Napkin		4
	id you receive all	the food items w	hich you	ordered?			
Yı	es No		·				
<u>-:\</u>	1 2					1 2	
_	-					ПÒ	
						-1111	
orde	r to give you an	opportunity to mak	e some spo	ecific suggestion	s to improve	the food ser	vice, pleas
nswer	the following iter	ms. Write your su	aggestions (directly on the	questionna	ire.	
6. Wh	nich food item(s)	from today's meal	did you	not finish and	or touch?		
	D: J 4 49	INKA	,	Nhy did you n	ot eat or fi	inish?	
	Did not fi	1141411					
			a	·			
a b			b	····			
a b 7. Wh		e food service wou	b	····			nt one?
a b 7. Wh Ple	nat changes in the	e food service wou	b	our stay in the	e hospital a	more pleasa	nt one?
a b 7. Wh Ple	nat changes in the	e food service wou	b	our stay in the	e hospital a	more pleasa	nt one?

MILITARY HOSPITAL FOOD SERVICE SURVEY (Ambulatory)

U.S. ARMY NATICK R&D LABORATORIES NATICK, MASSACHUSETTS 01760

We are from the U.S. Army Research & Development Laboratories at Natick, MA. The Army has asked us to evaluate the quality of the food service they provide. We would like you to fill out this questionnaire. Your responses will be kept confidential and your name is not required. Your participation is voluntary and will be of value in improving the food service. If you have any questions about how to fill out this form, the person who distributed the questionnaire will be glad to answer them.

Please do not discuss your responses to the questionnaire with others.

SAMPLE: If your age is 24, mark box "2"

^{*}This survey form is a modified version of the questionnaire "Opinions of Food Service at Military Hospitals" (Maller, Dubose and Gardello, J. Amer. Diet. Assoc., 1980, 76, 236-242.

		2				
6. W	hich meal	did you jus	t finish eating?			
Bi	reak fast	Mid-day n		meal		
	1	2	3			1 2 3
7. H	ow much	of your mea	al did you eat?			
N	one Son	ne Most	All			
	1 2		<u>AII</u> 4			1 2 3
8. H	ow do yo	u feel about	the courtesy an	d cheerfulness of	the people servi	ng your food?
				Neither		
	Very	Mod	Dis lerately	ssatisfied nor Mode	rately Very	
	Dissatisfie		•		sfied Satistie	ed .
	1		2	3 4	5	1 2 3
						
In	ndicate yo	ur opinion of	f the meal you	have just finished	by responding to	the following ite
	ppearance			Neither		
	f Food	Vaca	Madaustri	Attractive	Madassali	V
Se	erved	Very Attractive	Moderately Attractive	nor Unattractive	Moderately Unattractive	Very Unattractive
		5	4	3	2	1
						1 2 3
						٦٦٦
Ο Δ	roma of			Neither		
	ood			Pleasant		
		Very Unpleasant	Moderately Unpleasant	nor Unpleasant	Moderately Pleasant	Very Pleasant
		1	Unpleasant 2	3	Pleasant 4	Fleasant 5
		•	_	-	-	1 2 3
						الم المال
1. V				Neither		
of	ariety			Neither Large		
of		Too Large	Moderately	Large nor	Moderately Small	Too Small
of	f Items	Too Large	Moderately Large 4	Large	Small	Too Small
of	f Items		Large	Large nor Small		Too Small
of	f Items		Large	Large nor Small	Small	Too Small 1 2 3
of	f Items		Large	Large nor Small	Small	1
of	f Items		Large	Large nor Small 3	Small	1
of	f Items		Large	Large nor Small	Small	1

12.	Seasoning of Food	Too Bland	Moderately Bland 2	Just Right 3	Moderately Spicy 4	Too Spicy	-
						1	2 3 4
13.	Size of Food	Too Large	Moderately Large	Just Right	Moderately Small	Too Small	_
	Portions	5	4	3	2	1 5	4 3 2
14.	Cleanliness of Dishes		Moderately		oderately		. _ _
	and Silverware	Very Clean 5	Clean 4	Clean 3	Dirty V	ery Dirty 1 5	4 3 2
 15.	Attractiven	ess			Neither		חמו
	of Dishes, Silverware and Tray	Very Unattractiv		ately ective Ur	Attractive nor nattractive	Moderately Attractive	Very Attractive
		1	2		3	4	5 1 1 1 1 1
16.	of Cooking]		Over	either cooked		
	Vegetables	Too Overcook 5	Moder ed Overco	oked Unde		oderately dercooked 2	Too Undercooke
					J	5	4 3 6
17.	Tenderness of Meat		Madanakalı	Neither Tough		1	
	Ţ	oo Tough	Moderately Tough 2	nor <u>Tender</u> 3	Moderate Tender 4		nder
					•		2 3 6
18.	Were your	hot food iten	ns the tempera	ture you lik	e them when	you ate them	?
	1 2	_				1	2
				42			

19.	Were your	cold food iten	ns the tempe	rature ye	ou like th	em when you	ate them?
	$\frac{\text{Yes}}{1}$ $\frac{\text{No}}{2}$						4 0
	1 2						1 2
20.	How do yo	u feel right n	ow?				
	(%)	(°°°)	(°°°)	(- - -	(%)	
		<u> </u>	<u> </u>		<u> </u>		5 4 3 2 1
	5	4	3	.	2	1	
21.	What is you	ır opinion of	all the meals	you ha	ve eaten i	n this hospita	1?
			Neither Good				
			nor				
		Good 4	Bad 3	Bad	Very I	Bad	
	5	4	3	2	Į		5 4 3 2 1
				 			
						gestions to impost on the question	prove the food service, please onnaire.
22.	Which food	item(s) from	today's meal	l did voi	ı not fini:	sh and/or touc	ch?
		d not finish	-, -	•		ou not eat or	
	a				-		
	b			b			
23.		es in the food					al a more pleasant one:
	a	· · · · · · · · · · · · · · · · · · ·					
		 					
	۳						

Thank you for your assistance.

MILITARY HOSPITAL FOOD SERVICE SURVEY (Staff)

U.S. ARMY NATICK R&D LABORATORIES NATICK, MASSACHUSETTS 01760

We are from the U.S. Army Research & Development Laboratories at Natick, MA. The Army has asked us to evaluate the quality of the food service they provide. We would like you to fill out this questionnaire. Your responses will be kept confidential and your name is not required. Your participation is voluntary and will be of value in improving the food service. If you have any questions about how to fill out this form, the person who distributed the questionnaire will be glad to answer them.

Please do not discuss your responses to the questionnaire with others.

Sample:	If your age	e is 24, mar	k box "2"	•			
	Under 18 1	18 - 25	<u>26 - 50</u> 3	<u>51 - 65</u> 4	Over 65 5	1 2	3 4 5
1. Wha	at is your cu	irrent status?)				
1) 2) 3) 4)	Doctor Nurse Food service Technician	e worker	6) (7) I	Administrative Guest Medic Other	staff 1	2 3 4 5	6 7 8
2. Age	? der 18 18-	<u>-25</u> <u>26–5</u> (2	<u>51–65</u> 4	<u>Over 65</u> 5		1 2	3 4 5
3. Sex		_				1 2	
	w long have s than 6 mo	•		ospital? ar 1-3 years	3-10 years	Over 10 years 5	
						1 2	3 4 5

^{*}This survey form is a modified version of the questionnaire "Opinions of Food Service at Military Hospitals" (Maller, Dubose and Cardello, J. Amer. Diet. Assoc., 1980, 76, 236-242.

5.	During a	typical week,	how many	days do	you eat y	our breakfast in t	the hospital dining room (cafeteria)?
	Never	1-2 days	3-4 da	vs !	5 days	6-7 days	
	1	2	3-4 da		5 days 4	6-7 days 5	1 2 3 4 5
	•	_	_		-		
6.			c, how ma	ny day:	s do you e	eat your mid-day	meal in the hospital dining room
	(cafeteria	a) <i>(</i>					
	Never	1-2 days 2	3-4 da	ys !	5 days	6-7 days	
	1	2	3		4	5	1 2 3 4 5
					_		
	During	- meninal wool	. how me	and day	o do vou	act valls maning	meal in the hospital dining room
7.	(cafeteria		c, now me	sny day	s ao you	eat your evening	i iliear in the nospital diffing room
					_		
	Never	1-2 days 2	3-4 da	<u>ys</u>	5 days	6-7 days	
	1	2	3		4	5	1 2 3 4 5
8.	Which n	neal did you	iust finish	eating	?		
•			-				
	Breakfas			Eveni	ing meal		
	1		2		3		1 2 3
				<u> </u>			
9.	How mu	ch of your r	neal did v	ou eat	?		
	None	Some Mo	ost <u>All</u> 3 4	_			4 0 0 4
	1	2	3 4				
					·		
10.	What is	your opinion	of all th	e meals	you have	eaten in this h	ospital?
			Neither		-		
			Good				
			nor				
	Very Go	ood Good		Bad	Very Bad		
	5	4	3	2	1		5 4 3 2 1
			-	-	•		
11.	How do	you feel abo	out the co	urtesy	and cheer	fulness of the po	eople serving your food?
				Nei	ther		
				Satis	fied		
	Very		rately	no		Moderately	Very
	Satisfied		sfied	Dissat		Dissatisfied	Dissatisfied
	5	•	4	3	3	2	1
							5 4 3 2 1
	· · · · · · · · · · · · · · · · · · ·						

Indicate your opinion of the meal you have just finished by responding to the following items. 12. Appearance Neither of Food Attractive Served Very Moderately Moderately Very nor Attractive Attractive Unattractive Unattractive Unattractive 5 3 2 13. Aroma of Neither Food Pleasant Very Moderately Moderately nor Very Unpleasant Unpleasant Unpleasant Pleasant Pleasant 2 3 5 14. Variety Neither of Items Large to Select Moderately nor Moderately Too Large Large Small Small Too Small 5 3 2 15. Seasoning of Food Moderately Just Moderately Too Bland Bland Right Spicy Too Spicy 2 3 16. Size of Moderately Just Moderately Food Too Large Large Right Small Too Small **Portions** 3 2 5 17. How do you feel right now? 5

18.	Clean of Di and	ishes	Very Clean	Moderately Clean	Clean	Moderately Dirty	Very Dirty	
	Silver	ware	5	4	3	2	1 5	4 3
19.	Attra of Di Silver and	ware	Very Unattractive	Moder Unattr	active	Neither Attractive nor Unattractive	Moderately Attractive 4	Very Attractive
	٠						<u>1</u>	2 3
20.		oughner ooking tables	Too Overcooke	Moder d Overco		Neither Overcooked nor Undercooked	Moderately Undercooked 2	Too <u>Undercook</u> 1
							5	4 3
21.	Tendo of M	eat	o Tough	Moderately Tough	T		lerately ender Too	T ender
			1	2		3	4 5 1	2 3
22.			hot food item	s the tempera	ature y	ou like them w	hen you ate the	m?
	Yes 1	<u>No</u> 2					<u>اً</u>	2 1
23.		•	cold food iten	ns the temper	rature y	ou like them v	when you ate the	em?
	<u>Yes</u> 1	<u>No</u> 2					1	2
					- 47	,		

In order to give you an opportunity to make some specific suggestions to improve the food service, please answer the following items. Write your suggestions directly on the questionnaire.

24.	What food item(s) from today's meal	did you not finish and/or touch?	
	Did not finish	Why did you not eat or finish?	
	a	a	
	b	b	
	c	c	
25.	What changes in the food service wouroom? Please list them below.	uld make you eat more of your meals at	the hospital dining
	a		
	b		
	c		
	d		

TO COMPANY TO CONTRACT TO CONT

Thank you for your assistance.

APPENDIX B

Responses to Survey Questions (Ward, Ambulatory, Staff)

3	8	8	100	901	901	100	100	100	Total
2.2	9.0	8. 0	7.2	5.1	4.2	8.6	12.9	8.1	Over 65
6.4	5.3	3.4	16.9	14.1	15.8	35.9	30.7	38.4	51-65 years
4./4	27.7	48.4	43.4	43.6	33.7	33.7	36.6	34.4	26-50 years
7 67	6	•		,					•
44.2	41.9	45.8	31.3	34.6	43.2	19.6	19.8	18.2	18-25 years
1.3	0.0	1.6	1.2	2.6	3.2	1.1	0.0	0.0	Less than 18 years
ntract 9 Months	Post-Contract 3 Months 9 M	Pre- Contract	Post-Contract nths 9 Months	Post-Co 3 Months	Pre- Contract	Post-Contract onths 9 Months	Post-C 3 Months	Pre- Contract	
	Staff		ınts	Ambulatory Patients	Van p		Ward Patients	Ward P	
			and Staff	Age Distribution of Patient and Staff Percent Response	Distribution of P	TABLE B-1. Age	TAB		
	\$ • F F F F F F F F F F F F F F F F F F		A STATE OF THE STA	es especialist				THE PROPERTY OF THE PARTY OF TH	برجما المعتمديدين المعتم

TABLE B-2. Distribution of Males and Females

Pre- Post-Contract Pre- Pre-		Ward P	Ward Patients		4	Ambulatory Patients	nte		Staff	
le 57.7 56.0 53.8 81.1 78.5 77.1 76.5 le 42.3 44.0 46.2 18.9 21.5 22.9 23.5 l 100 100 100 100 100 100 100 100		Pre- Contract	Post-G 3 Months	ontract 9 Months 1	Pre- Contract I	Post-Co 3 Months	ntract 9 Months *	Pre- Contract %	Post-Cor 3 Months %	tract 9 Months
le 42.3 44.0 46.2 18.9 21.5 22.9 23.5 1 100 100 100 100 100 100 100 1	Name	57.7	56.0	53.8	81.1	78.5	17.1	76.5	76.0	75.3
100 100 100 100 100 100	Female	42.3	0.44	46.2	18.9	21.5	22.9	23.5	24.0	24.7
	Total	100	100	100	100	100	100	100	100	100

TABLE B-3. Occupation of Survey Staff

Percent Response

	Pre-Contract %	Post-Contract 3 Months	Post-Contract 9 Months 2
Doctor	12.9	8.5	11.3
Nurse	15.7	10.3	11.6
Food Service Worker	1.6	1.2	0.5
Technician	18.6	24.0	15.6
Administrative Staff	5.8	4.7	6.2
Guest	3.7	7.6	12.1
Medic	13.4	10.0	11.1
Students and Other	28.3	33.7	31.6
Total	100	100	100

TABLE B-4. Length of Employment (Staff)

Percent Response

	Pre-Contract Z	Post-Contract 3 Months Z	Post-Contract 9 Months 7
Less than 6 months	43.5	56.4	45.5
6 months to 1 year	21.6	14.5	23.1
1 to 3 years	23.9	18.4	20.3
3 to 10 years	9.1	8.1	8.3
Over 10 years	1.9	2.6	2.8
Total	100	100	100

TABLE 8-5. Number of Days Per Week Meals are Eaten in Cafeteria (Staff)

process assesses assesses sometime sometimes executed executed

Percent Response

		Brea	Breakfast		Dir	Dinner		Supper	
	Pre- Contract	Post-C 3 Months	Post-Contract voths 9 Months X	Pre- Contract	Post-C 3 Months X	Post-Contract ths 9 Months	Pre- Contract X	Post-Contract 3 Months 9 Mo	ntract 9 Months
Never	37.9	35.0	38.6	9.6	6*9	12.1	38.4	35.7	37.2
1-2 days	21.4	17.0	22.3	20.9	19.1	20.7	17.7	13.5	16.6
3-4 days	12.9	14.6	12.9	20.4	18.2	14.9	13.9	10.6	12.7
5 days	15.5	15.8	11.3	24.9	27.4	26.7	11.5	14.1	12.2
6-7 days	12.3	17.6	14.9	24.4	28.4	25.6	18.5	26.1	21.3
Total	100	100	100	100	100	100	100	100	100
5.									

TABLE B-6. Military Classification of Surveyed Patients

Percent Response

	Ward Patients	Lients		Ambula	Ambulatory Patients	
	Pre-Contract		Post-Contract	Pre-Contract	Post-Co	Post-Contract
	**************************************	3 Months	9 Months	#¢	3 Months	9 Months
Military	28.7	22.8	26.1	64.1	65.4	48.2
Military Dependent	17.8	20.8	18.5	5.3	6.4	7.2
Retired Military	33.7	33.6	32.5	21.1	20.5	26.5
Retired Military Dependent 17.8	dent 17.8	18.8	19.6	7.4	4.9	16.9
Other	2.0	4.0	3.3	2.1	1.3	1.2
Total	100	100	100	100	100	100

Sections of the section of the secti	Number of Days Meals Have Been Eaten in Hospital (Patients)	Percent Response red Patients	Post-Contract Pre-Contr 3 Months 9 Months % % %	25.7 23.1 7.4 5.1 21.7	17.8 13.2 12.8 11.5 14.5	22.8 20.9 10.6 25.6 21.7	13.9 23.0 20.2 12.8 10.8	19.8 49.0 45.0 31.3	001 001
	TABLE B-7. Number of Day	Ward Patients	Pre-Contract 3 Mon	20.8	13.9	16.8	1.7.	20.8	
CESSESSI COCOCOCO	TA.			1-3 days	4-6 days	7-13 days	14-30 days	Over 30 days	

TABLE B-8. Type of Diet (Patients)

Percent Response

	Ward Patients	tients		Ambulat	Ambulatory Patients	
	Pre-Contract		Post-Contract	Pre-Contract	Post-Contract	ntract
	34	3 Months	9 Months	ale.	3 Months 9 Months % % % % % % % % % % % % % % % % % % %	9 Months
		0 72	7 29	93.5	8.06	89.2
Regular	/1.3	0.07		•		
Modified	28.7	24.0	36.3	6.5	9.5	10.8
Total	100	100	100	100	100	100

TABLE B-9. Understanding of Diet (Ward Patients)

Percent Response

	Pre-Contract	Post-Contract 3 Months	Post-Contract 9 Months
	X .	Z Months	7 Montais
Yes	96.9	93.9	95.6
No	3.1	6.1	4.4
Total	100	100	100

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TABLE B-10. Opinion of All Meals Eaten

	Ward P	Ward Patients		Amb	Ambulatory Patients	nts		Staff	Ef
10	Pre- Contract	3 %	Post-Contract on the worths	Pre- Contract	Post-Contract 3 Months 9 Mon	ntract 9 Months %	Pre- Contract %	Fost-Contract 3 Months 9 Mon	9 Months
Very Good	23.2	18.2	9.2	18.9	7.8	12.2	11.8	2.4	5.4
poor	54.7	46.5	4.64	43.3	32.5	39.0	6.74	27.1	28.8
Neither Good/Nor Bad		24.2	18.4	26.7	24.7	35.4	28.6	42.5	38.8
Bad		11.1	11.5	7.8	19.5	13.4	8.3	21.2	20.5
Very Bad	1.1	0.0	11.5	3.3	15.6	0.0	3.5	6.8	6.5
Total	100	100	100	100	100	100	100	100	100

TABLE B-11. Courtesy and Cheerfulness of Service

	Ward P	Ward Patients		Amb	Ambulatory Patients	ints		Staff	ff
	Pre- Contract 1	Post-Composition 19 Months 1	Post-Contract nths 9 Months 1	Pre- Contract 1	Post-Cc 3 Months 1	Post-Contract nths 9 Months	Pre- Contract %	Post-Contract 3 Months 9 Mo	ntract 9 Months 1
Very Satisfied	47.0	49.5	46.7	42.4	32.9	32.9	28.5	18.4	20.7
Moderately Satisfied	33.0	25.3	28.9	31.5	34.2	32.9	37.8	42.2	34.1
Neither Satisfied Nor Dissatisfied	18.0	20.2	14.4	16.3	15.2	23.2	20.2	20.5	25.0
Moderately Dissatisfied	1.0	3.0	6.7	6.5	11.4	6.1	8.5	16.6	16.9
Very Dissatisfied	1.0	2.0	3.3	3.3	6.3	6.4	5.1	2.4	3.2
Total	100	100	100	100	100	100	100	100	100

TABLE B-12. Meal Just Eaten

Percent Response

	Ward P	Ward Patients		Amb	Ambulatory Patients	nts		Staff	
	Pre-	<u> </u>	Post-Contract	Pre- Contract	Post-Contract 3 Months 9 Months	ntract 9 Months	Pre- Contract	Post-Contract 3 Months 9 Months	itract 9 Months
	7		×	7	7	2	*	22	7
Breakfast	37.4	39.0	21.3	21.5	19.5	19.5	28.3	10.5	19.3
Dinner	33.3	32.0	52.9	22.6	31.2	29.3	47.4	8.49	48.5
Supper	29.3	29.0	25.8	55.9	4.64	51.2	24.3	24.7	31.6
Total	100	100	100	100	100	100	100	100	100

TABLE B-14. Opinion of Meal Just Eaten

Appearance of Food

	Ward P	Ward Patients		Amb	Ambulatory Patients	nts		Staff	Ef
	Pre- Contract	Post-C 3 Months 7	Post-Contract nths 9 Months %	Pre- Contract 1	Post-Cc 3 Months 7	Post-Contract onths 9 Months Z	Pre- Contract	Yost-Contract 3 Months 9 Mo	otract 9 Months
Very Attractive	16.0	19.2	12.1	18.7	8.9	7.2	9.1	4.1	4.8
Moderately Attractive	41.0	39.4	42.9	29.7	39.2	33.7	43.7	23.0	29.6
Neither Attractive Nor Unattractive	23.0	27.3	23.1	29.7	19.0	39.8	31.2	46.0	41.4
Moderately Unattractive	16.0	11.1	15.4	15.4	19.0	14.5	10.9	19.8	18.5
Very Attractive	4.0	3.0	9.9	9.9	13.9	4.8	5.1	7.1	5.6
Total	100	100	100	100	100	100	100	100	100

TABLE B-15. Aroma of Food

	Ward P	Ward Patients		Amb	Ambulatory Patients	ents		Staff	IEE
	Pre- Contract 1	Post-Co 3 Months 7	Post-Contract nths 9 Months	Pre- Contract %	Post-Co 3 Months 1	Post-Contract onths 9 Months 7	Pre- Contract %	Post-Contract 3 Months 9 Mo	ontract 9 Months
Very Pleasant	19.6	17.3	10.0	22.0	11.4	17.1	8.8	5.4	4.6
Moderately Pleasant	38.1	35.7	45.6	37.4	27.8	42.7	33.2	25.2	27.8
Neither Pleasant Nor Unpleasant	30.9	28.6	33.3	30.8	35.4	36.6	36.7	45.0	51.1
Moderately Unpleasant	8.2	15.3	6.7	5.5	16.5	2.4	15.3	20.4	13.5
Very Unpleasant	3.1	3.1	4.4	4.4	8.9	1.2	5.9	3.9	3.0
Total	100	100	100	100	100	100	100	100	100

TABLE B-16. Variety of Items to Select

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Percent Response

	Ward P	Ward Patients		Amb	Ambulatory Patients	ınts		Staff	ff
	Pre- Contract	Post-Co	Post-Contract nths 9 Wonths	Pre- Contract	Post-Contract 3 Months 9 Moi	ntract 9 Months 7	Pre- Contract 1	Post-Contract 3 Months 9 Mon	ntract 9 Months 1
Too Large	0.0	1.0	2.2	5.5	2.5	1.2	1.9	9.0	0.5
Moderately Large	26.3	20.6	24.4	19.8	24.1	7.72	23.1	16.1	14.9
Neither Large Nor Small	59.6	59.8	50.0	46.2	31.6	39.8	45.8	38.2	36.5
Moderately Small	10.1	13.4	11.1	20.9	25.3	22.9	19.8	33.4	29.5
Too Small	4.0	5.2	12.2	7.7	16.5	8.4	4.6	11.6	18.6
Total	100	100	100	100	100	100	100	100	100

TABLE B-17. Seasoning of Food

	Ward P	Ward Patients		Amb	Ambulatory Patients	nts		Staff	ff
	Pre-	Post-C	Post-Contract	Pre-	Post-Contract	ntract	Pre-	Post-Contract	ntract
	Contract	3 Months X	9 Months	Contract 1	3 Months	9 Months	Contract 1	3 Months 9 Months X	9 Months
Too Bland	16.3	20.0	20.5	19.5	26.7	10.0	18.6	22.6	23.8
Moderately Bland	30.6	36.8	6.04	28.7	34.7	30.0	35.8	50.4	40.2
Just Right	50.0	40.0	32.9	8.44	33.3	8.8	39.1	20.5	28.0
Moderately	2.0	1.1	3.4	5.7	1.3	10.0	5.9	5.6	4.4
Too Spicy	1.0	2.1	2.3	1.1	4.0	1.2	0.5	6.0	3.6
Total	100	100	100	100	100	100	100	100	100

TABLE B-18. Size of Food Portions

CONTRACTOR CONTRACTOR CONTRACTOR

	Ward P	Ward Patients		Amb	Ambulatory Patients	nts		Staff	EE
	Pre- Contract	Post-Co 3 Months	Post-Contract inths 9 Months	Pre- Contract	Post-Contract 3 Months 9 Moi	ntract 9 Months 7	Pre- Contract	Post-Contract 3 Months 9 Months 1	ntract 9 Months 1
	2	2	7	4			!		
Too Large	5.1	4.3	5.7	4.7	2.7	3.7	1.9	9.0	1.6
Moderately Large	8.1	10.6	16.1	22.4	9.3	15.9	7.5	5.4	3.8
Just Right	62.6	9.09	50.6	58.8	0.84	50.0	0.09	45.7	40.3
Moderately Small	20.2	19.1	19.5	8.2	14.7	26.8	22.1	31.9	32.2
Too Small	4.0	5.3	8.0	5.9	25.3	3.7	8.5	16.4	22.2
Total	100	100	100	100	100	100	100	100	100

	Staff Post-Contract onths 9 Months	4.5 21.8	20.7 33.0	38.0 37.9	26.8 5.7	10.5 1.6	0 100			
	S Pre- Post- Contract 3 Months % %	20.5	22.7	36.5	16.5	3.8 10	100 100			
	nts ntract 9 Months 1	48.1	11.1	37.0	3.7	0.0	100			
ponse	Ambulatory Patients Post-Contract t 3 Months 9 Months	16.0	28.0	32.0	14.7	9.3	100			
Percent Response	Amb Pre- Contract X	34.1	20.0	27.1	16.5	2.4	100			
	s Post-Contract nths 9 Months	52.9	14.9	25.3	5.7	1.1	100			
	Ward Patients Post-C ract 3 Months	51.5	18.6	24.7	4.1	1.0	100			
	Ward F Pre- Contract	56.6	15.2	23.2	0.4	1.0	100			
		Very Clean	Moderately Clean	Clean	Moderately Dirty	Very Dirty	Total	68		

TABLE B-20. Attractiveness of Dishes, Silverware and Trays

President represent the property to the property of

Percent Response

	Ward P	Ward Patients		Ambi	Ambulatory Patients	ents		Staff	££
	Pre- Contract	Post-Contra 3 Months 9 M %	ontract 9 Months %	Pre- Contract X	Post—Co 3 Months 1	Post-Contract inths 9 Months	Pre- Contract X	S Months 9 Moi	9 Months
Very Attractive	33.3	21.1	18.2	6.9	7.9	6.1	3.2	2.4	2.5
Moderately Attractive	32.3	29.5	34.1	34.5	19.7	28.0	14.4	13.9	15.0
Neither Attractive Nor Unattractive	27.3	34.7	33.0	41.4	57.9	48.8	55.1	54.5	54.5
Moderately Unattractive	5.1	9.5	13.6	9.2	5.3	12.2	17.4	21.1	20.7
Very Unattractive	2.0	5.3	1.1	8.0	9.2	4.9	6.6	8.2	7.4
Total	100	100	100	100	100	100	100	100	100
6									

TABLE B-21. Thoroughness of Cooked Vegetables

Percent Response

	Ward F	Ward Patients		Amb	Ambulatory Patients	ents		Staff	iff.
	Pre- Contract	Post-C 3 Months	Post-Contract onths y	Pre- Contract	Post-Co 3 Months	Post-Contract onths 9 Months	Pre- Contract	Post-Contract 3 Months 9 Mor	ntract 9 Months
Too Overcooked	6.2	4.3	10.3	9.4	17.8	11.5	13.0	16.7	16.7
Moderately Overcooked	17.5	15.2	17.2	10.6	15.1	15.4	15.2	20.2	21.2
Neither Overcooked Nor Undercooked	58.8	66.3	56.3	48.2	46.6	47.4	40.4	38.2	38.8
Moderately Undercooked	11.3	13.0	11.5	25.9	11.0	19.2	22.2	17.4	13.9
Too Undercooked	6.2	1.1	9.4	5.9	9.6	6.4	9.1	7.6	9.3
Total	100	100	100	100	100	100	100	100	100

TABLE B-22. Tenderness of Meat

		Ward	Ward Patients		Amb	Ambulatory Patients	nts		Staff	if
		Pre- Contract	Post-C	Post-Contract mths 9 Months	Pre- Contract	Post-Contract 3 Months 9 Mo	ntract 9 Months 1	Fre- Contract 1	Youths Z	9 Months
	Too Touch	6.1	4.8	11.4	8.1	18.7	14.8	6.5	14.2	15.5
	1000 CO. 1000 M	12.1	27.4	26.1	19.8	28.0	19.8	32.1	27.2	31.0
	moderately tough	3 7 7	30.5	30.7	37.2	32.0	43.2	39.9	42.0	36.6
	Neither lough	,	31.6	30.7	34.9	20.0	21.0	21.3	15.7	16.3
7	Too Tender	0.0	2.1	1.1	0.0	1.3	1.2	0.3	6.0	9.0
1		100	100	100	100	100	100	100	100	100

			TABLE B-23.	Hot Foods at Temp Percent Response	Hot Foods at Temperature Liked Percent Response	Liked			
	Nard P Pre- Contract	Ward Patients Post-C ract 3 Months	S Post-Contract on the 9 Months	Ambi Pre- Contract	Ambulatory Patients Post-Contract t 3 Months 9 Mon	nts ntract 9 Months	Pre- Contract	Staff Post-Contract 3 Months 9 Mon	ff ntract 9 Months
Yes	80.2	57.7	52.9	66.3	59.2	62.2	62.7	59.1	53.6
No	19.9	42.3	47.1	33.7	40.8	37.8	37.3	6.04	46.2
Total	100	100	100	100	100	100	100	100	100
72									

TABLE B-24. Cold Foods at Temperature Liked

SURVEY TAXABLE TOURS OF THE PROPERTY OF THE PR

	Ward P.	Ward Patients		Amb	Ambulatory Patients	nts		Staff	44
	Pre-	Post-C	Post-Contract	Pre-	Post-Contract	ntract	Pre-	Post-Contract	o Monthe
	Contract	3 Months 9 Months X	9 Months	Contract %	3 Months 9 Months X	9 Months	Contract	Z Z Z	7
Yes	80.2	81.8	75.9	91.2	78.9	87.7	83.0	77.6	81.6
No	19.8	18.2	24.1	8.8	21.1	12.3	17.0	22.4	18.4
Total	100	100	100	100	100	100	100	100	100

TABLE B-25. FEELING AT THE MOMENT PERCENT RESPONSE

		WARD PATIENTS	TS	AMBI	AMBULATORY PATIENTS	ENTS		STAFF	
•	PRE- CONTRACT %	POST-CONTRA 3 MONTHS 9 MOI %	ONTRACT 9 MONTHS %	PRE- CONTRACT %	POST-CC 3 MONTHS %	POST-CONTRACT ONTHS 9 MONTHS %	PRE- CONTRACT %	POST-CO 3 MONTHS %	POST-CONTRACT ONTHS 9 MONTHS %
	13.5	11.2	10.1	25.6	12.0	8.6	12.0	9.0	9.7
(00)	33.3	36.7	36.0	33.3	36.0	38.3	40.4	31.6	30.5
(io)	39.6	39.8	36.0	30.0	30.7	40.7	32.2	35.2	38.4
()00	10.4	12.2	14.6	6.7	9.3	7.4	છ .	15.2	13.2
(%)	3.1	0.0	4. 6.	4.4	12.0	4 0.	ئ. ق:	0.6	6
	100	100	100	100	100	100	100	100	100

TABLE B-26. Enough Silverware and Napkins Received (Ward)

Percent Response

	Pre-Contract	Post-Contract 3 Months	Post-Contract 9 Months
	7	Z.	<u> </u>
Yes	90.2	92.9	98.8
No	9.8	7.1	1.2
Total	100	100	100

TABLE B-27. Received All Food Items Ordered (Ward)

Percent Response

	Pre-Contract	Post-Contract 3 Months	Post-Contract 9 Months
	<u> </u>	x	<u>z</u>
Yes	81.4	72.2	73.7
No	18.6	27.8	26.3
Total	100	100	100

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